Vermont HIT Payment Reform Workgroup
Meeting Minutes & Action Items

JULY 22, 2009 | 10:30 – 12:30 | 133 STATE STREET , 5TH FLOOR CONFEERENCE ROOM

MEETING CALLED BY	Sen. Bill Carris, Co- Chair and Rep. Anne O'Brien, Co- Chair; Hunt Blair, Deputy Director for Health Care Reform, OVHA
TYPE OF MEETING	Legislative Summer work group on Health information Technology for Payment Reform
FACILITATOR	Anne O'Brien, Co- Chair
NOTE TAKERS	Beth Waldman and Joshua Slen, Bailit Health Purchasing
ATTENDEES	Tom Murray, Commissioner, Dept. of Information and Innovation; David Gruppo, IBM; Wendi Monahan, IBM; Jim Hester, Vermont Healthcare Reform Commission Director; John Grubmuller, VP Health and Human Services, First Data; Jean Landsverk, Gov't and Education, First Data; Don George, President and CEO, Blue Cross and Blue Shield; Hunt Blair; Senator Bill Carris; Representative Anne O'Brien; Neil Sarkar, University of Vermont, Dawn Bennett, BISHCA; Paul Forlenza, VITL; David Cochran, CEO, VITL; Alex MacLean, Senator S. Staff; Kathy Merchant (interested party); George Eisenberg, IBM; Hans Kastensmith, Capital Health Associates; Rob Willey; Carla Colenzar

INTRODUCTIONS AND REVIEW AND APPROVAL OF MINUTES — ANNE O'BRIEN

DISCUSSION

Representative O'Brien introduced Beth and Joshua and explained that they would be providing facilitation and report drafting assistance to the workgroup in order to meet the aggressive deadline of August 31, 2009 for the final production of the workgroup's report.
Representative O'Brien asked for any discussion of the minutes from the July 8th meeting. It was noted that the efforts this committee and the Vermont Claims Administrative Collaborative (VCAC) need to be reviewed in order to identify if there is alignment.

CONCLUSIONS

The minutes were approved.

ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
NONE		

STATEMENT OF CHARGE — BETH WALDMAN

DISCUSSION

Beth presented the overall vision and called for discussion.
Representative O'Brien asked everyone to consider the importance of a "wow" factor. In other words, what is in

this for different stakeholder groups. She asked for a brainstorming session around both the positive and the potential negatives surrounding this issue. The following points were made by various parties:

1. Providers: saves time and money (potentially reduces bad debt)
2. Patients: a card is something that everyone is used to, there is a potentially huge improvement to the patient in the experience, there may be a barrier to care erected by consumers knowing their financial exposure at the front end.
3. Carriers: only a small float exists (8-10 days of current float) this is a small price to pay; not something that should be a barrier from the Carrier perspective.
4. Potential Funding Sources: this will be the first state-wide point-of-service adjudication of eligibility and claims.

After a thorough discussion of the forgoing points the following vision statement was developed:

The overall vision of the work group is the implementation of a statewide initiative that will reduce administrative costs through the provision of a comprehensive point-of-service eligibility and electronic adjudication of health care claims using a token based system and starting in physician offices/ambulatory care centers.

Beth presented the draft workgroup goal to be achieved by the end of August and called for discussion. There was general agreement around the following statement of the workgroup goal by the end of August.

The goal of the work group is to deliver a report by the end of August that describes that overall vision and details the specific opportunities and potential barriers to implementing it. The report will outline next steps for the development of an implementation plan over the next twelve to eighteen months.

During the discussion, attendees noted a number of opportunities and potential barriers to implementation. In addition to the "wow" factors described above, opportunities include: giving all parts of the health system more time to focus on medical issues rather than administrative billing issues; providing the potential to give patients greater choice and opportunity for shared decision making in their treatment. Identified barriers to implementation included the fact that many providers will not have the capability to implement such a system either because of the fact that they rely on paper records or because their practice management systems cannot accept the financial information in an integrated fashion. There was a long discussion of the use of a smart card, as the legislation requires consideration of a smart card, as compared to other potential solutions.

Beth presented a framework for the work between now and the next full workgroup meeting (August 26, 2009) and called for discussion.

There was general agreement in the following framework:

The work group will produce recommendations regarding what should be included in the detailed implementation plan including the estimated resources necessary to produce a detailed plan for implementing a state-wide real-time (point-of-service) claims adjudication system in physician

offices/ambulatory care settings with all major public and private payers.

The workgroup discussed utilizing use cases as part of the report to showcase the "as is" scenario for eligibility confirmation and claims adjudication and the "to be" scenario based on implementation of the workgroup's vision. A significant piece of the implementation plan will include this assessment of the system and the steps required to move from the "as is" to the "to be" scenario. In addition, the workgroup discussed that the implementation plan would need to include a staged approach (either by provider type, carrier, region or product readiness). The implementation plan should also include milestones, meaningful measurement and evaluation of the solution. It should also include a communication plan.

There was a discussion regarding who else should be included in the process:

It was suggested that one or more practice managers could be included. Jim Hester suggested that we contact Sandy Bechtel with MBA health group and Donna Izor from CVMC is potential resources. He also suggested Paul Harrington of the Vermont Medical Society who is active with the Physician Foundation in California, whose mission is to preserve small physician practices.

It was suggested that the group come up with real use cases - - identifying other places/entities that have done what we are attempting to do. David Gruppo from IBM suggested that IBM could provide some use cases to the group.

Representative Anne O'Brien suggested that a meeting with BISHCA regarding the Vermont Claims Administrative Collaborative (VCAC) could provide a good baseline for the group as VCAC has been meeting for almost a year with the goal of simplifying the existing system. Jim Hester, Health Care Reform Commission, suggested that this workgroup obtain the claims administration executive summary and perhaps the full report as a point of reference. Don George, BCBS suggested that a difference between the VCAC group and this group could be stated this way; The VCAC is built on improving the existing process. This group is talking about replacing the existing process.

Senator Carris requested that we provide a link to the BISHCA report that includes the baseline data around the number of covered lives by Carrier (Payer) in the minutes. The link to the most recent BISHCA report is provided here:

http://www.bishca.state.vt.us/HcaDiv/Data_Reports/healthinsurmarket/VHHIS_Initial_Findings2008_01_15_09.pdf

There was a discussion surrounding the creation of subgroups to describe and diagram the "As Is" and "To Be" states.

It was decided that we complete "As Is" use cases for Medicare, Medicaid, and a Private Payer. It was determined that a Workers Compensation use case was beyond the capacity of this workgroup given the time constraints.

Representative O'Brien called for volunteers for the "As Is" subgroup and the following individuals either requested to be part of the subgroups or were suggested by a workgroup member as a potential resource; Sandy Bechtel (suggested by Jim Hester as a resource), Don George indicated that BCBS would participate, Paul

Forlenza, John (from First Data), Senator Carris, Representative O'Brien, a BISHCA representative,

Representative O'Brien called for volunteers for the "To Be" subgroup and the following individuals or organizations volunteered; Don George, Neil Sarkar, David Gruppo, and John Grubmiller.

Jim Hester reminded the group that we would need to identify potential funding sources and two were suggested by the group; 1) ARRA, and 2) self-funding mechanisms.

Representative O'Brien indicated that the final report needed to include a communication plan.

It was suggested that the AAFP – American Association of Family Practitioners – might be helpful to the group.

Similarly it was suggested that The Physician Foundation, CA – could be a possible resource for finding out what is important to small practices.

ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Schedule a webex meeting for the entire workgroup to receive a presentation from IBM regarding the system architecture solution that IBM has available.	Joshua and Beth/Diane Hawkins	August 7, 2009
Schedule two meetings of the "As Is" subgroup to produce a diagram and written explanation of the current system.	Joshua and Beth/Diane Hawkins	Scheduled by July 31, 2009 Second meeting complete by August 21, 2009
Produce a compilation of current data and metrics that exist and which will assist the subgroups in defining the current state of the system in Vermont.	Joshua and Beth with assistance from each of the parties at the table.	Prior to the first subgroup meeting.
Schedule two meetings of the "To Be" workgroup to produce a diagram and written description of the new system as it is envisioned.	Joshua and Beth/Diane Hawkins	Scheduled by July 31, 2009 Second meeting complete by August 21, 2009